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BULLETIN of the
MENNINGER CLINIC

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PROGRAM OF THE VETERANS ADMINISTRATION FOR THE PHYSICAL AND MENTAL HEALTH OF VETERANS*

By CAPT. DANIEL BLAIN, M.D. (USPHS)†

I bring you the greeting of General Omar N. Bradley, Administrator of Veterans Adminstration, who is well known to all, and of Major General Paul R. Hawley of the Army Medical Corps, Acting Surgeon General of Veterans Administration, and their thanks for this opportunity to let you know what we are thinking about in the Washington Headquarters of VA. General Hawley particularly regrets his inability to accept your invitation in person. I have the privilege of representing him because the paramount interest of this group is in the realm of emotional ills, mental disease, and especially in the far wider field of personal relationships. The department of Neuropsychiatric Services is interested in each of these phases also. We too feel that the emphasis over a long period should and must inevitably shift to the realm of personal adjustment and maladjustment, as the front line of attack on human ills in the emotional field.

To orient ourselves, I would like to suggest a point of view about veterans. We can speak of veterans for we in the positions of administrative responsibility are all veterans ourselves, or will be when we get out of uniform.

More important than medical problems is recognition of this fact. Our veterans are men and women who have added to their assets of three or four years ago a wealth of experience. They have traveled and seen the whole United States and the world. They have faced hardship at the front, on the supply line and in tiresome tasks in the planning areas at home. They have had the supreme privilege of offering their all for the sake of life, liberty and the pursuit of happiness for themselves and their families and their countrymen. We would like to hope for the whole world. They are therefore men and women of broader vision, more maturity, and wiser experience than they were when they left home. That is what we must always keep in mind. Veterans are our greatest national asset—the most

* Address given at the fourth Annual Meeting of The Menninger Foundation, Topeka, Kansas, December 4, 1945.

† Acting Director of Neuropsychiatric Services of the Medical Department, Veterans Administration.

important element in every city and community. Every village, town and city, county and state, needs what these veterans have to offer. And our future will in large part be measured by the part we let them play in community efforts.

The Community's Responsibility

Each World War graduate needs to make use of his increased assets, his added skills, his broad horizon, his wealth of experience. If he finds no opportunity to use them, they will wither and die. Used muscles grow larger and stronger. Unused muscles atrophy and the nerve pathways die. Unsatisfied urges toward usefulness not only die but, worse than that, retire to hidden depths of the soul where they build up hostile aggression, which escapes in anti-social necessities, which poison both the owner of the urge and those with whom he comes in contact. The veteran needs the community and the community needs the veteran. The responsibility of using the veteran in every constructive effort and encouraging the further growth of his capabilities by putting them to use—this responsibility and opportunity lies in his local environment, among his friends and neighbors, in his village or town or city or county.

Success or failure, however, affects an ever widening circle. These ripples that emanate from each generating unit, each veteran, must not be vicious, antisocial, discouraging, hostilely aggressive. They must be kindly, warm, invigorating ripples that unite all of us in really constructive effort and that increase understanding, sympathy and unity in ever-increasing circles, and that join with other such beneficent influences to make the whole nation united, strong and friendly.

In this picture of the veteran and his future, medicine plays only a supporting rôle. The healthy man wants no contact with doctor or hospital. And the vast majority of our men and women are healthy in every way. We would not have loud-mouthed sad-toned jeremiads pouring from every microphone and printed sheet on the great numbers of physical and mental disabilities of our veterans. Let the world be acquainted with the vast majority of our men and women and what they have to offer. We would not have you feel that those who are sick are unimportant. The total number of participants in the war is so huge that a relatively small percentage needing medical care constitutes a large and important problem. Human nature is the same in the nation as in the family. One crippled child will draw a great part of the affection and care of an entire family. And our sick veterans need have no fear that they will ever be relegated to an unimportant part of the nation's interest. But, in directing our efforts to medical care let us not forget to nurture the great asset of the healthy man, so that he may not become part of the sick group.

The medical department is empowered by the people through their Congress to furnish a strong supporting framework in the realm of health, to the other benefits the nation has provided for its war graduates. (Parenthetically, War Graduate might also be a fitting term for veteran—the word "veteran" has the connotation of age and many of our men are not old, but they are all graduates of the war college of the university of life).

Men must be healthy to make use of their opportunities and to fight against obstacles. We therefore must stand ready to aid in a return to robust health when the occasion arises. And we must be acutely aware that prevention is better than cure and we must forestall the need for medical care in every way possible. The finest medical care is expensive in terms of time lost, energies wasted, families disturbed, and anxieties aroused. Our public health experts in state and county, and in the medical schools, and especially in the United States Public Health Service, are our close partners in this aspect of our responsibility.

Standard of Medical Care

Generally speaking, you should know that the medical department of VA recognizes that a very large responsibility is already at their doorstep in the men now ill who have already been released. And you should know that we are sure of sound and complete and most generous backing from the people through Congress of every proposal that can be shown to lie in the path of constructive, sound medical policy. And we are sure that that backing will continue as long as good medicine is practiced, both in accomplishments and planning. We therefore state that the standard of medical care which will be available should be the best that modern medicine can devise, and that we will work toward that end and nothing lower.

It will take longer to achieve that goal in some localities than in others. In some places there may be little at present with which to start. A very minimum would be the best that any citizen in any community can now get. But there are conditions in some localities that are indefensible and the VA will move as fast as humanly possible to raise the local standard, at least for its own veterans. This will necessarily raise the standard for the entire community. An example of what is meant is the practice still found of lodging psychotics in local jails in lieu of a hospital. . This type of antediluvian, pre-civil-war, neglectful and ignorant care for mental patients must be changed immediately, as far as veterans are concerned.

So much for physical structures. Standards of medical practice, with relation to certain specialties cannot be changed overnight. The backbone of medical practice in the United States is the general practitioner. My hat is off to him. As a specialist myself I took with reverent awe to the man who can and does do so many kinds of things, who turns down nothing.

The progress of medical science has gone so far that no man can be a specialist in everything. In a sparsely settled county, therefore, a half-dozen isolated doctors may not have among them a specialist in cardiac diseases of children, or a brain surgeon, or a qualified psychiatrist competent to treat the milder neuroses. That we must accept. But we would plan so that in five or ten years every area would have a specialist in the major fields and our people would not be satisfied if this were not so. And we expect to give opportunities to all practitioners to get short training courses in various specialties, and we can, for the veteran, create a public demand that no doctor remain static in the face of medical advance. We are not satisfied with second-rate skills, and we will work toward the best that can be achieved.

In the meantime, we are thankful that most general practitioners, though lacking in some of the fine specializations which are so earnestly desired, yet possess one ingredient which makes up in part a lack of technical skill. I refer to the inherent qualities of the family doctor, his total interest in his patient, and all that he does, an appreciation of one's place in the family group, of all factors which affect him in addition to the special pathology. These men love people, and go to superhuman efforts to do something for their patients. This often is of more value than technical skill. It is necessary that as we help create specialists we see that they do not lose the personal touch. The achieving of high standards in medical care must always include the human element.

Coöperative Care

Secondly, the total number of veterans is a large slice of the total adult population. It would be impossible to give segregated care to all. It would also be unwise, for men do not thrive in isolated conditions. They are happier if their wives and children, parents and friends are treated as they are. Medical facilities are hardly enough to go around. They have to stretch in every direction. From the standpoint of good medical treatment (the proper use of available medical personnel and physical buildings and equipment) of both the veteran and the public, it is our policy to merge with available medical installations, hospitals, clinics, and use available medical and auxiliary personnel on a share-and-share-alike basis where it can be done. We have now 97 hospitals and relatively few out-patient clinics operating independently. We are building more hospitals in the next two years and setting up a number of special clinics for veterans. There is likely to be a greater spread of out-patient facilities in proportion to hospitals and it is in them that cooperative ventures are more likely to develop.

It is worth considering that sharing of veterans hospitals with other groups, when proper reimbursement of the Federal government can be achieved, may result in far better medical care of veterans than the isolated plan. Just now we operate under legal statutes which do not permit a change in policy. I am personally interested in studying the possibility of a change in this cooperative direction. Of course, there must always be some for veterans alone, for the general contentment of patients is such an important ingredient of therapy. The necessity to remain a part of a total community group, and to fight the paralytic palsy of withdrawal from the world, points strongly toward participation with other groups even in the area of sharing an illness.

Out-patient clinics will exist in some places for veterans only, but the great majority of out-patient care will be cooperative ventures.

The sharing of doctors is another must in the cooperative field. We cannot get enough full-time doctors to take care of veterans. This does not disturb us, however, for doctors need variation in their experience. They will do better if they divide their time. Some need part-time private practice to augment an income. Others are already committed to other institutions and are not available on a full-time basis, but they may be induced to share their time. Private practitioners, both in city and county areas, will see many veterans. Certainly they will not treat veterans alone, for others in the community need care also. It, therefore, is our policy, made necessary by the situation that exists, and in line with the best theory of medical practice, to reach out and secure part of the time of practically every member of the medical profession. Suitable financial recompense will be arranged. Personal satisfaction in playing a part in the care of our veterans and in participating in a program dedicated to progress and the highest quality of medical care are other inducements. I can assure you that membership in the team of Bradley and Hawley, fighters for everything that is good for veterans and the public, will yield ever-recurring sources of satisfaction.

Another general principle which guides VA medical practice is the use of ancillary medical skills. In modern medicine no doctor works alone, without failing to realize much of his effectiveness. The fields of nursing, medical and psychiatric social work, clinical psychology, occupational therapy and physiotherapy are well known and need no comment except to affirm our need and utter helplessness in the medical care of veterans if such aids were denied. Efforts in these directions have already met with some success. Pay schedules for nurses, social workers and clinical psychologists have been approved which in some respects are higher than the prevailing rates in agencies throughout the country. Attendants, particularly in mental hospitals, are the fingers of the doctor—the contact points with

the patient the greater part of the time. The importance of their service is recognized and steps are being taken to secure the best.

Special Services

We are happy to announce a new department—that of Special Services, patterned after that of the Army. This department will provide other aids to therapy, such as libraries, gymnasium activity, recreation in all forms, and other services to patients.

A source of vast potentiality that has been brought forward by the war, though it is as old as human nature, is Volunteers. No more valuable aid to therapy exists than those who come because they want to and are not paid, who bring in the breath of the outside world and keep a hospitalized patient from losing his contact. There comes with such people the visible evidence of the love and affection of America for its heroes—patients see from day to day not only doctors, nurses, orderlies, technicians, professionals in the fields allied to medicine mentioned above, who must perforce under the best of circumstances remind a man that he is ill, but the butcher, the baker, the candlestick maker, lawyer, merchant, chief—the champion boxer, local athlete, world-known artists—prominent people, pretty girls—stars of the amusement world. Some volunteers will be members of organized groups—such as Red Cross, D.A.R., A.W.V.S. I have been much impressed by local groups under the leadership of capable men and women who have selected good citizens, old and young, to visit and work with a certain hospital or convalescent home. Volunteers from the local community by and large are of more value than casual visitors, for they come often enough to get acquainted and form a lasting influence. Both are valuable. This is old stuff to you, but it is not old in Government hospitals.

Another asset which we would like to develop is the wholehearted support and intelligent interest of the maintenance staff of hospitals and clinics. Our patients see the outdoor groundsmen, cooks, waitresses, cleaners, elevator operators, doormen. It is important that they feel they are a part of the therapeutic team, as indeed they are. And that by word and deed they will encourage the patient to get the best out of hospital care. The morale and small labor turnover in places where all employees are brought into group meetings have amazed those familiar with personnel difficulties.

All welfare organizations and veterans organizations, as well as personnel groups inside and outside of the Veterans Administration, need to be brought into a working relationship with the hospital unit.

The last group, and perhaps the most important, not usually employed directly, are the clergy. The history of the war is full of instances where courageous members of their group have provided the saving factor in the morale of a company, or have helped a G.I. to get through his ordeal.

Counselling in the spiritual realm must be always included in the services available to every man.

Neuropsychiatric Units

We have now 97 hospitals of which 14 are for tuberculosis, 51 are general surgical and medical and 32 for neuropsychiatric cases; but the neuropsychiatric cases comprise sixty-one per cent of the entire medical load. The anticipated increase in neuropsychiatric hospital beds will be met by 9000 beds in the next two years and by another 9000 in the two years following.

You will be glad to know that all general and tuberculosis hospitals will have neuropsychiatric units providing care for acute cases and usually providing for treatment for at least a brief period of time. All neuropsychiatric hospitals will have a certain number of general medical and surgical beds. In this way two important needs are met. All types of patients will be served in all units and neuropsychiatry will be kept safely where it belongs—inside the world of general medicine. No psychiatrist will be allowed to forget that he is first of all a doctor and secondly a specialist in psychiatry. This should follow for all those who are in fields related to psychiatry. All psychiatrists first get a thorough grounding in general medicine and surgery, then they go into psychiatry. Psychiatrists, social workers and clinical psychologists and those who do counselling in all fields of human adjustment should get some general medicine first.

Outpatient Clinics

A large part of treatment for veterans should be in out-patient clinics. This is an important step in prevention. Early treatment is the best preventive of a more serious illness with long hospitalization.

We are now planning a series of branch clinics in thirteen major centers. These will be all-purpose clinics with departments for all needs. The setup of the Neuropsychiatric Section will illustrate the plan. After an initial screening on admission, a patient is sent to either a diagnostic service or direct to a specialist. The Neuropsychiatric Service will consist of a Chief Psychiatrist and a number of part- and full-time psychiatrists, a case worker, supervising social worker, with a number of psychiatric social workers, and a chief clinical psychologist with several lower grades under him. These clinics will be large affairs. The one in New York is four large floors. Adjudication of percentage of disability will be done by a separate corps of doctors. Paper work will be reduced to a minimum, freeing the doctors for straight medical effort. These clinics will be located in the largest cities.

The most widespread plan which follows the course of using existing organizations is achieved by contract with local clinics. Veterans with service-connected disabilities will be referred by a regional office and treated by the clinic for a fixed fee which will include usually whatever auxiliary aids are required. Five such contracts are now operating and arrangements for further contracts are in process of completion. We are greatly in need, in the Neuropsychiatric Division, of information in all states as to the availability of clinics ready to provide services. In New York the State Charities Aid Association is making a survey for us outside the metropolitan area. In these clinics, also, arrangement for examination for adjudication of disability and insurance will be made separate from therapeutic efforts.

For private practitioners who are seeing veterans, arrangements are being made for referral. Here the matter of responsibility is somewhat different. Some plan for qualification of doctors will be worked out. Some plans for referral and payment are now in existence and will be studied to see if they are satisfactory. There are certain practical difficulties which must be overcome in connection with clinics and private practitioners. The matter of subpena of records, the rendering of abstracts, clerical aid, are involved. Every effort is being made to get these details ironed out and get on with the matter of taking care of the veteran when he needs it, and not some time later.

Special Projects

You will be interested in certain special projects in the sphere of hospitals and allied institutions.

There will be 275,000 women veterans. We expect to have sections or wards for women in strategic places throughout the country. There will be no hospital for women only. It is better for the women, better for the men and better for the doctor that when women are admitted they shall go to hospitals where men are also present. We are sure that, since some of our women have to be sick, we can count on a happy influence on men patients when they are around. As they get better, association in recreation, exercise and occupational therapy will have a good effect on all.

We are much interested in our older patients. You may know that the life expectancy of the nation is increasing so that there may be more of the old age class as time goes on. Social security plans cease at 65 and many who should be busy will have to combat idleness as well. We are therefore thinking seriously of establishing a mental hospital to which will go some of our mental patients over 60 or 65 years of age, and no younger. The science of geriatrics, i.e. the treatment of old age condi-

tions, is coming increasingly to the forefront and we would like to see that our older men get the advantage of highly specialized care.

There is a borderline between hospital and outside world which some patients need to inhabit at times. Patients who are getting over a psychosis but are not ready yet for home. Patients beginning to get sick who may be saved from more serious illness. Patients suffering from relatively mild anxiety states who must not be hospitalized, yet who don't do well in the city clinic. Men or women who came back in good shape from the war, though very tired and tense, who met hard luck or a run-around and are beginning to go sour—who may break and allow a residual battle neurosis to be reactivated. These men need a place away from home, in the country, where the environment is moderately controlled, where there are people who take an interest, volunteers around to talk to, freedom not possible in a hospital, and a few well trained people to direct their care. Such would be, first, a psychiatrist interested in this type of problem, with nurses and social workers taking care of major medical needs.

Such places can be opened quickly, are less expensive than hospitals, allow more outside therapeutic aids to reach the patient. They have been tried in several instances with recognized success. The rehabilitation centers of the Army Air Forces, the center for Royal Naval ratings under Com. Scott-Forbes at Cholmondeley Castle in England and the rest centers for merchant seamen in the United States are examples of such a plan. One of these informal residential psychotherapeutic convalescence and treatment centers could be opened easily near any town or city. The country convalescent home can grow like mushrooms out of the ground whenever the idea may take hold. There are great potentialities here for cooperation between state, county or city organizations with the VA. It is our hope to try this plan as a pilot scheme to study its possibilities for care of veterans.

Readjustment Centers

Along the same line and possessing some advantages not present in the country scheme is the Readjustment Center actually to be incorporated in many general and mental hospitals. This unit is for milder and convalescent cases mentioned previously but will be in a part of the hospital building or in a separate building on the same grounds. While not having the free country and village atmosphere and being close to major illness, it has the distinct advantage of being included in the same administrative setup of the hospital, and it has already been approved and will be an actuality before long. This provision for the care of the in-between stages

of illness we regard as one of the great advances in the care of the sick which the VA is ready to announce. These, of course, are only associated with hospitals and hence will not occur in any great number.

Colonel Esmond Ray Long, who is Chief Consultant on Tuberculosis for the Office of the Surgeon General of the Army, is now organizing superior standards of care for the 6,900 tubercular patients in our Veterans Administration Hospitals. Five new hospitals for tubercular patients have been authorized which will furnish 2,550 more beds. Also, 1,598 beds will be added to hospitals now in existence. Colonel Long is on loan from the Army.

There are needed some aids to the care of patients in mental hospitals which come in the area of legal medicine. Patients who should not be allowed to go out on their own responsibility and who may be suicidal or homicidal should be subject to some kind of legal restraint, with the consent of the family, which will apply to all states, and not vary with each state line. Matters of guardianship and permission to use certain well recognized and thoroughly reliable tools in diagnosis and therapy should also be studied for inclusion in such general permissions and restrictions for all veterans hospitals.

Veterans Administration Homes

Besides hospitals and clinics, one of the great services afforded to veterans is in the National Home Service, now called Veterans Administration Homes. Here in 12 homes, caring for 10,000 men altogether, live our veterans who need a home, rather than the care given in hospitals. Veterans Administration Homes have a new director. He is V. B. Kincaid, who has been with the Veterans Administration for the past 26 years.

We have in mind an extension of the broad concepts of physical medicine in many of our hospitals. There are some which are remote from the main centers of population but which possess the advantages of plenty of space, farms, orchards, and special projects of a semi-industrial nature. Much needs to be learned about improving the lot of semi-permanent injuries, of those afflicted by diseases which have reached a more or less static condition. Plans are yet in an embryonic stage but more will be announced before long. The orientation of our convalescent care will be in the direction of work. Patients will not be permitted to lie in bed and look at the ceiling. Whenever possible, the permanent semi-invalid will be taught a trade whereby he can earn money even though hospitalized.

Neurological patients will often bridge the gap between straight organic lesions of brain, cord or periphery, and the more functional types where organic conditions are ill-defined. There are the group of peripheral nerve injuries, the group of head injuries which may develop various

cortical or basal syndromes, the paraplegias, and the cord injuries. These will need much physiotherapy, occasional surgery, almost always some psychotherapy. It seems best to care for these men in general medical and surgical hospitals as part of the neuropsychiatric service, but generally in separate wards from the psychiatric patients, close to medicine, surgery and especially available to Occupational Therapy and Physiotherapy. Here again we feel much can be learned to augment present knowledge in caring for the latter stages of such conditions.

We have given you a picture of the general plan of treatment and some of our ideas and aspirations. Not all have been approved but we hope some day to show concrete examples of what we are now dreaming.

Training of Personnel

There remains to tell you of our greatest problem—personnel and the training of more personnel. It is common knowledge that our hospitals have been overcrowded and understaffed. And because of these difficulties, training of physicians in our hospitals has notably been absent. Recognition of our hospitals for residencies and internships leading to the Specialty Board qualifications in any field has been withheld and rightly so. It has also been difficult to explain to the public why training, in our hospitals, of the doctors working there was necessary for better care of the patient, and that it was the patients who were suffering in the long run. It has been long known that the best medical care in the United States was obtainable at no cost by the indigent who was eligible for the teaching wards of our medical schools. Here were available whole teams of therapists, working together with the patients, and the patients were the recipients of the finest, most advanced medicine. Our veterans will never be experimented on, but they should have the advantage of the care of young, alert minds always moving in the direction of bettering existing procedures and of older men who are stimulated by young, curious fellows who serve to keep the older men on their jobs. No dry rot is possible here and no cerebral arteriosclerosis can exist in a doctor for years without being discovered. So we are going to provide opportunities for training in every hospital in which it can be arranged. And most new hospitals will be built near teaching centers.

A pilot experiment is now starting in the Hines General Medical and Surgical Hospital in Chicago. Forty-eight residencies have been created and are being filled. Added medical supervision and treatment is obtained by getting several hours a day of the time of the leading surgeons, internists, specialists in heart, kidney, orthopedics, psychiatry, all fields being represented. It will be only a short time before this hospital, because of its treatment standards, its well trained personnel and its training oppor-

tunities for residents, will be accepted by all the Specialty Boards, guaranteeing to its patients, all veterans of the world wars, the finest treatment anywhere in the United States. A similar plan will open in Minneapolis in a short time.

A parallel pilot scheme has started in Winter General Hospital in Topeka, Kansas. In it we will have neuropsychiatric patients chiefly, along with general medical and surgical, some acute and some of longer duration, including some of the men who just need a home. We will send there a number of young men coming out of the Army who want to extend their experience in neuropsychiatry and eventually obtain rating by the American Board of Psychiatry and Neurology as qualified specialists. Teaching and treatment will be in the hands of the large and well qualified staff of the Menninger Foundation for psychiatry, aided by specialists from nearby cities.

We will have good oportunities for training men in neuropsychiatry in small numbers at nearly all teaching centers in the country. The plan is worked out and announcements will be sent to all interested, especially those in medical centers who are receiving inquiries.

A trial institute for giving aid to general practitioners in a two weeks' course is being set up in the State of Minnesota under the auspices of Dr. Thos. A. C. Rennie, Asst. Professor of Psychiatry at Cornell Medical School, and the National Society of Mental Hygiene.

Social Work

A noteworthy training program is planned by Miss Irene Grant, head medical and psychiatric social worker of the Veterans Administration. While not yet approved in every detail, the plan is to secure jobs for 80 students of social work who have qualified under Civil Service at Grade P&S 2 but who by the new standards are now short of this grade, to spend a year at a Grade #1 position, under a highly qualified case work supervisor in a hospital or clinic, three days of each week being devoted to on-the-job training and three days for classwork. Money is also available for special courses when individuals wish to enroll. When this program is on its way, we will have an upgrading system in the Veterans Administration to be proud of; all the while, remember, giving better and better care to our veterans.

In the meantime, the good work going on in social work supervision in some of our hospitals is recognized by six of the top-flight social work schools in the country who are sending some of their students for part of their training. We hope all the best schools will be sending students before long.

One of the most exciting training programs going on has been quietly proceeding since last April. The Medical Services and Vocational Services of 25 VA hospitals have sent teams for training to the Institute for the Crippled and Disabled in New York. These teams consist of the chief of physical medicine, one of the psychiatrists, a social worker, occupational therapist, a physiotherapist, sometimes a physical director, a representative from Vocational Advising Service and Vocational Training Service. This is teamwork in the real sense, all learning together. It is found to result in better teamwork in the care of patients. Again our veterans will receive better care.

In listening to this rather long and detailed, but I feel surely necessary, elaboration of our program and services, I hope you have received one strong impression. That is, that the Medical Department of VA, and, speaking for myself, the Neuropsychiatric Services, are approaching the problems involved in adequate care for veterans with only one guiding principle—that whatever can be done, can only be done by a successful integration of all medical forces in the country, flanked on all sides by the ancillary disciplines closely allied to best medical practice. And that these professional skills need a solid background of community support both for the healthy as well as the sick veteran. We are humble about what can be done in Washington, and the use of branch offices in 13 areas is but the first step in a decentralization policy which must go down to the roots of our social structure, to each individual citizen. With the backing of the best minds in every art and skill and technique we may send out guiding policies that are wholly good, but we in Washington cannot do the job because we do not actually touch the veteran. The real application of whatever good policy may be created, or the use of whatever fine piece of equipment the Federal Government may have purchased, the application of real knowledge and skill, is in the final analysis in the hands of you people who live with the veterans or who work with them.

I like to go back to the human body for an analogy which I believe is apropos of the point. Let us consider the vascular system. The heart pumps the blood, but if the strong rhythmic impulses originating from the left ventricle are not aided by a real elasticity and tonus in the arteries, and arterioles, the force is soon dissipated and only a higher blood pressure will get the blood around. And if the veins have lost their tonus, and the valves their elasticity, blood will not return from the dependent parts and stagnation results, with edema, varicosities, local ulcers. The life stream is choked. And it is not the heart which actually touches the tissues but the blood, and, only in the smallest units, the tiny terminal capillaries. It is here that nourishment finally goes out and enters the tissues. The

power of the heart pump is of no practical value until, with the local aid of each tube through which it goes, it pushes the life blood all the way to the final step. So you, the individuals, the essential unit of society, are the only means whereby anything good that comes from the pumping station in Washington or any place down the line can reach its ultimate goal—contact in and with a veteran.

The heart can be stopped by a single accident or worn out by slow attrition. But there are more arteries and veins and arterioles and venules and billions of capillaries. Therein lies strength. For things can go wrong here and there, and a few capillaries may be knocked out, but other channels form, and circulation is restored.

It is important to remember that the heart can only pump out what it receives from the whole body. People in Washington cannot work without the raw materials of ideas, and money, coming from the people of every part of the country. The blood is thin or enriched as it receives into its stream on its way to the heart, nourishing items of calories, minerals and vitamins which come chiefly from food taken into its digestive system. The ideas and skills which each of you can contribute to the common good and send into the stream on its way to the central pump will only be of value if you are absorbing from your daily experiences things worthwhile, synthesizing them in the gray matter of serious thought and sending them on their way to be used for the common good. The VA would like to function as the full representative of the people—using what you give us—coordinating the material, perhaps furnishing opportunities for more and better cooperation. Let none of us ever forget that we owe any power or strength we may have to the nourishment you send us. With all of us doing our part, perhaps we can achieve the highest pinnacle—the operation of a small part of the central government which is truly of the people, by the people, for the people.

THE FREEING OF INTELLIGENCE*

By GARDNER MURPHY, Ph.D.

I

To those who earnestly believe that psychology may serve this generation in its struggle for democracy and world order, no task would appear more important than the wise integration of pure and applied psychology. That, then, will be my theme. I shall try to approach the problem with that immediacy and concreteness which the shortness of time requires, by choosing one specific example of what a unified pure and applied psychology might achieve.

The problem to which I invite you to think with me is the maximum utilization by *homo sapiens* of those amazing cerebral hemispheres of his. He has wit enough to make for himself a happy sojourn on this planet and the gradual realization of more and more of his creative powers. He has wit enough to study, to understand and to control the predatory impulses of his kind, and to enrich and magnify the impulse to tenderness and good will. Yet he foams and frets, exhorts and moralizes. A visitor observing the Roman Empire, then joining the *Little Prince* among the minor planets, and returning in 1944, might note that intelligence, as the capacity to adapt the environment to one's needs, has been only very ambiguously advanced. He would wonder why man puts only half his mind into the discovery of the solutions he needs for his problem of community living, giving many of the critical decisions to the direction of blood rather than brains. Perhaps, he would conclude, brains are not *free* to act in accordance with their potential. Intelligence is fettered by manacles whose design has been imperfectly studied.

Scientific thought, as a full-fledged device for the analysis of nature, has been with us but three centuries. If the Lord asked some modern Job, "Canst thou bind the sweet influences of the Pleiades, or loose the bands of Orion?", he might well and modestly reply, "Not yet, but I have measured the distance and the magnitude of the Great Nebula in Andromeda and have weighed the invisible companion of Sirius." Indeed, wherever the task is objective and his intelligence free, he has remade the order of the world. Yet on points concerning his own nature, where his impulses have beclouded the process of his thinking, he still relies upon exhorting, moralizing and argument. He has not, in fact, studied with any great persever-

* A condensed version of a longer paper of the same title, delivered as the Presidential Address at the 52nd Annual Meeting of the American Psychological Association in Cleveland, Ohio, September 11, 1944; and first published in the *Psychological Bulletin*, (42: 1–19, January 1945) by whose permission it is reprinted.

ance the very process of thought itself, and is only dimly aware that the discrepancy between the achievement of science and the achievement of everyday thinking is due to failure to make clear the fetters which bind the thought processes. He has hardly heard Spinoza's precept: "be not angry, and complain not, but use reason." For how, otherwise, could a species producing the achievements of a Newton, a Darwin, or a Pasteur, prove incapable of ordering the relations of men in community, in nation, or in the world pattern of civilization? The towering genius of the great scientist often lapses into childish babblings as he turns to problems in which his personal desires give structure to his thought. When the will to believe, or the will to disbelieve, rather than to observe objectively and read the scroll of nature, is the guide, the sharpest tool of thought becomes suddenly dull, the greatest of creative impulses falls into the reiteration of petty prejudice.

I would fully concede that simple economic fears, fears of the powers that be, can muddy the thinking of all men, including those classed as scientists; but I would urge a much more systematic and deep-probing study of the less obvious constraints which we unwittingly impose upon the freedom of our thought. Thought, we say, is loaded by individual personality trends, or we speak of austistic thinking. We know that the ordered process of thought exhibited in the textbooks differs substantially from the thinking which we ordinarily encounter; but as to the specific dynamics responsible for the difference, and about the manner of freeing ourselves from these impediments we know little. For though the faculty psychology can be honorably buried, the realm of intelligence still remains separated from the realm of impulse, feeling and motivation, not only in the pages of our textbooks but in most of our experimental studies.

We may trace for a moment the different paths which pure and applied psychology have followed in their study of the human capacity to think. Psychology discovered during the seventeenth and eighteenth centuries that the process of thought could be rather effectively reduced to associative laws wedded to an elementary mechanics of brain processes. The tradition of David Hartley and the tradition of René Descartes were finally fused in a nineteenth-century associationism based upon sensory and motor elements arranged serially or in patterns. The problem of active or creative thought was solved by giving some elements in the associative stream a more central role than that assigned to others. The impulsive or emotional factors guiding thought were treated as secondary classes of elements arranged like the pieces of a mosaic pattern. Thought was basically an ordering of experiential items; and if at times the deeper dynamics of living appeared to confuse or distort the thought process, the distorting factors were made a subsidiary class of elements to be dealt with as a subordinate

problem, in accordance with associative laws. The solution was, then, solidly intellectualistic.

Early in the present century, Gestalt psychology challenged the assumptions of associationism, turning to an emphasis upon the mind's structural properties. Intelligence was given a position of high importance, creative thought assigned a central role, because the mind was deemed capable of grasping with a single stroke the inherent order and beauty of natural objects in a natural order. But the Gestalt psychology was still concerned, as association psychology had been, with the truth-seeking and truth-realizing aspects of such intellectual conquests. There was scant recognition that the mind is an evolutionary product in which the impulsive life gives quality and direction to the cognitive effort. Though many brilliant studies have been devoted by Gestalt psychologists to the nature of thought, such dynamic systems are conceived to arise directly from the structural properties of the external situation. While psychiatry on the one hand, anthropology on the other, have constantly stressed the bondage of thought to obscure, or even unconscious, directing tendencies, the implications for the experimental psychology of thinking appear still to be very incompletely realized.

Applied psychology has, on the other hand, been confronted throughout its existence with just those forms of thinking in business and industry, in clinic and in court, in school and in public opinion, which arise from a matrix of needs, and consequently provide major clues to the affective organization of the thought processes. Clinical psychology is intimately concerned with the distortion of the patient's world-view by affective factors in open or covert conflict with one another; while in the evaluation of the patient's intellectual resources the clinician observes the limits imposed upon the patient's intelligence by his need to see, to learn and to think in accordance with his drives, exhibiting a functional level of intelligence far removed from the measured capacity revealed by any test.

Here, then, as I shall try to show, is a supreme opportunity for an integrated psychology, dealing with the whole human being, to develop in a direction permitting the thought patterns of mankind in their natural setting to contribute to the understanding of the dynamics of thinking, while the psychologist of the laboratory, reaching to meet him, strives to integrate such findings within a single systematic effort.

II. Autism

Let us attempt a more systematic statement of what we know today regarding the relation of our needs to our processes of thought, and of the directions in which research may prove fruitful, if intelligence is to be free to do its task.

If we set out to order what we know about the specific relations of cognition to the life of impulse, we might schematize the steps as follows:

First, at a sheer descriptive level, perception, recall, and thought tend to take a direction such as to bring to the individual a cognitive situation satisfying to his needs.

Second, this movement of cognitive processes in the direction of need-satisfaction is often unconsciously directed, the individual achieving a wish-fulfilling end by steps which do not betray to him the origin of the impulse which he follows. This appears to be simply because one of the needs is to keep himself happy regarding his own motivation. In the cases reported by psychoanalysis, the individual reaches his goal, remaining unaware that the pseudo-logical steps taken serve an unconscious need.

Third, this tendency of cognitive processes to move in the direction of need-satisfaction appears to be a special case of the law that *behavior in general* moves in the direction of need satisfaction. I refer here to the whole mass of data on the psychology of learning which, however phrased, define the customary elimination of the frustrating aspects and the fixation of the satisfying aspects of behavior processes.

Fourth, as to perceptual dynamics, it would appear that relatively unstructured perceptual situations are given structure in terms of *figure and ground*, by virtue of the fact that those elements stand out as figure which have previously been present as aspects of satisfying situations. The series of experiments from the Harvard Psychological Clinic* are, I think, convincing here. Thus personal needs serve to throw some elements of a visual or auditory pattern into the role of figure so that one sees or hears what one needs to see or hear. A little later I shall try to show how large a part is played in thought by those needs to which we usually refer under the term "curiosity" or the "exploratory drive". As a general principle it appears enough to say that thought, like perception, is bi-polar, the dynamics of figure and ground deriving jointly from the structural properties of the stimulus situation and from the need-patterns of the individual.

In view of this preliminary analysis, it should be clear that not only the wish but the fear may be father to the thought. In many learning situations, autism derived from fear may be repeated and fixated. The impulse to perceive the nature of the threat is activated by the need to escape; this appears to be a way of coping with threats developed through earlier experience with such threatening situations. In anxiety one may repeatedly recall that which has brought on the greatest distress.

We have emphasized that autistic responses are learned responses. Since these steps in perceptual development are like the steps in motor learning,

* Cf. Murray, H. A. *Explorations in Personality; a clinical and experimental study of fifty men of college age.* New York: Oxford University Press, 1938.

we shall perhaps ultimately find that the dynamics of autistic perception are the same as the dynamics of the motor learning processes, that the perceptual world is conditioned and molded as is the behavior world. If research reaches such a point, it would make applicable to the psychology of thought everything we know about the psychology of learning.

It may be objected that laboratory studies have to do with thought encumbered by complications, that despite such complications, the bare, primordial form of intellect remains as a matrix or substrate. There is conceived to lie, beyond all these deviations, pure intellect *qua* intellect. Now indeed if pure intellect is to be found, we should go to the ends of the earth to find it. Pure intellect free of all personal autistic deviations would indeed be the pearl of great price, the discovery of which would constitute a master stroke not only for psychology but for civilization. Where, then, is this pure intellect, this Faustian homunculus, this little gem of rationality to which we strive to gain access in our experiments in the psychology of thought and in our metrical analysis of intellectual functions? Possible approaches to its discovery might appear to lie in rigidly controlled laboratory research; but here we have found that cultural and personal variables have consistently affected not only the amount but the very structure of the process of thinking. Or we might seek it in early childhood; but here thought occurs as an aspect of a type of global effortful contact with the world in which the non-rational and the egocentric mark the process and the product. Or we might seek it in the works of pure genius; but here the biographer and the historian have consistently pointed to the impress of personality upon even the most logical ordering of scientific relationships. There is, we sadly conclude, no such pearl of great price, no intellect which stands apart from the concrete personal, drive-directed efforts at contact with reality. There is no "pure" intelligence at all.

When one looks at the process of thinking in this way, seeing the impress of personal tensions and the resulting personal ways of thinking at every phase in the development of the mind, many of the formal problems relating to intellect take on a very different appearance. An example is provided by our bitter struggle over the nature-nurture question as it relates to intelligence quotients. Intellect has been conceived on the one hand to lie dormant as a potential within the germ cell, waiting only to be nursed into expression. It has, on the other hand, been conceived to be the impress of a system of social arrangements mediated to the growing individual. Studies undertaking to evaluate the relative contributions of variance in nature and nurture have yielded the ambiguous results likely to characterize statistical treatments when theory proceeds in confusion or from contrasting frames of reference. Some clarification has come from the many hints that the influence of superior environment may lie partly in the qualitative and quan-

titative transformation of abilities as a result of the arousal of the child's interests, the development of tastes, and the specific forms taken by the "will to learn;" the drive structure of the child gives direction and expression to his measurable intellectual powers. In the light of such observations it appears likely that in relation to intellectual tasks there are two levels at which personality variables may operate: 1. they may give structure to that which reaches consciousness; 2. they may, through fear, completely prevent the mind from making contact with certain specific stimulus materials. Inhibition or blockage may appear when there is a profound emotional incapacity to give the mind to the material at all. Conversely, we should expect that a positive love of certain stimulus materials would give a better-than-average opportunity for close attention to it, with a likelihood of achieving greater "resolving power" in relation to it. Autism, the movement of cognitive processes in the direction of need-satisfaction, involves, then, both the figure-ground patterning of given situations and also the crippling or the enhancement of mental functions in accordance with conscious or unconscious drive-patterns.

The comment has cautiously come that perhaps the influence of motivation in directing the processes of thought may play a part in the differential rates of growth among the different *kinds* of intellectual capacities, the mind being progressively sensitized to specific aspects of the environment which take on meaning for the individual. Perhaps when the data permit us to understand the qualitative changes wrought in intellectual functions by various kinds of influences, and to measure their amounts, we might go on to ask about their gross aggregate in the form of intelligence quotients. We can hardly expect to understand mentality as a whole until its specific expressions have been accurately observed and measured in the growing individual.

Curiosity

If one accepts the broad conception that thought, like everything else in life, reflects the dynamics of motivation, there is likely to arise a word of despair, concluding that if this be so, there is no truth, there is no science, there is only the realization of satisfactions. Yet this, I think, is a naive conception of human nature and indeed of animal nature generally. For it is because thought makes contact with reality that it has appeared in the course of evolution. Sense organs may not mediate the *ultimate* reality, whatever that may be, but they do mediate the first reality with which adjustment is made. Paraphrasing what Marx said to the idealists, "We do not know what reality is, but we can adapt it to our needs." There is truth, and there is science, as exemplified by physics and by medicine, which are not only immediately useful but which surely suggest that we are

more in touch with reality than we were three centuries ago. For the sense organs and the brain are developed as a reality-mediating system of tools; and the bi-polar organization of perception is always anchored partly upon the structure of an external world with which we must deal.

But there is an additional factor guaranteeing the integrity of the scientific enterprise. There is not only a good system of receptors; there is also a powerful positive motivation to make contact with reality; this motivation is frequently more powerful than any personal drive which might lead to escape from such adaptation. For creatures like ourselves it is necessary to keep sense organs and brain in contact with the world, constantly varying the perceptual pattern just as we constantly vary the motor adjustments, making sure of the utmost use of the tools of observation by which each pattern is constantly checked against other information. This is a way of saying that the curiosity impulse is one of the most powerful, one of the most difficult to assuage, that man possesses. It is characteristic of primates to explore about rather than to stop to digest the convenient banana; and it is characteristic of boy and girl to pry into matters to see what makes them tick.

As Wertheimer so earnestly insisted, it is the nature of man to lean hard upon the external structure-giving aspects of reality. He *needs* contact with reality even more than he needs escape from it. He can develop such a craving for contact with reality as will sweep away petty personal autisms and the smug sense of cultural rightness. If this analysis be sound, the curiosity motive would apparently serve, as other drives do, to determine the figure-ground relationships of perceptual patterns. Curiosity would throw some aspects of the stimulus into relief. The curious mind constantly sees new figure-ground possibilities, and this is why. as a probe of reality, it far surpasses the petty limitations of ordinary autism.

Immediately we ask: what aspects of a pattern yield the true figure? May not the same pattern of phenomena lend itself to different types of structuring? Yes; a composite phenomenon presented to people with varying types of curiosity will lead them in varying directions. Different cultures, and different individuals, dealing with the same perennial phenomena, have made sense of them in different ways. The cooperative venture of science serves in some measure to integrate the individual curiosities of individual scientists.

Relaxation

Thus far, I have praised the active life of curiosity, and have not hesitated to speak of the *struggle* for contact with reality. But there is another approach. We of the West are prone to forget that water quietly freezing can burst a granite that no sledge hammer can crack. There are latent

creative powers which wait to move forward to their work when freed from the restless downward pressures of the alert mind, creative powers which spring into being when once the narrow, nervous, preoccupied world of waking activity steps aside in favor of a quiet integration of all that one has experienced; when one is willing to let the mind leave harbor and travel fearlessly over an ocean of new experience. Under profound relaxation there are some impulsions which wield a benevolent despotism over thought which the whip of concentrated attention cannot control; thinking is still motivated, but motivated with less immediacy in relation to the tasks of the surrounding world. The historical record of creative thought and the laboratory report of its appearance today are equally clear that creative intelligence can spring from the mind which is not strained to its highest pitch, but is utterly at ease.

We have begun to realize that it is characteristic of fantasy to be more *creative* than is logical thought, in the sense that more cues are woven into the composite texture determined by many needs; in the same way the dreams of the night, starting from a complexity of individual determinants, achieve not simply a bizarre but in many respects a highly creative end-result. There is a tendency to overlook the real implications of the psychology of the dream, particularly if one is concerned solely with the therapeutic problem of the unconscious wishes portrayed in the individual case. More important for psychology as a science is the creative character of the dream itself, realizing, as in Coleridge's Kubla Khan, a power and an intensity to which waking fantasy is usually alien. This is not because the dream revealed fewer of Coleridge's interests or needs; rather, because more of them were free to pool their energies, to integrate their contributions. The dream gives us, as in a natural laboratory, a device for introducing more personal variables and consequently a richer permutation of end results. It would follow that a more systematic experimental study of the dream might give us a wider view of its creative potentialities, oriented to more aspects of reality than waking life can afford to recognize.

One aspect of our practical Americanism, our surviving frontiersmen's psychology, with its emphasis on wide-awake alertness and with a touch of Calvinistic devotion to immediate duty, is a suspicion of all these mental states which seem, according to the standard, not to "get us anywhere;" a general disvaluation of the relaxed, the casual, and the exploratory. The dreamer awakes from an extraordinary vivid, realistic, intriguing dream, an experience which, if encountered in a novel or a play, he would cherish as a new avenue to the meaning of life. "A funny dream," he yawns, and by the time he has his nose in the morning newspaper he has forgotten it. To disvalue the dream is to prove oneself a sensible man.

One state is perhaps still more important, because it can be better controlled, namely the hypnotic state, in which there has recently been a marked increase in interest. The great utility of hypnosis lies, I believe, in discovering that imaginative richness, that creative power, that capacity to knock down and reassemble the ingredients of life which constitutes independent, unconventional, non-routinized, original thought. The hypnotic thought may indeed be trivial if the individual experimenter so expects. But because we live under a profound cultural disvaluation of all mental states but that of rapt alertness, the fact that we have here a markedly less constrained and more creative type of intellect has infrequently attracted our attention. Perhaps the experimental use of hypnosis may lay bare the impediments, the blind spots, the personal autisms which encumber the intellectual powers of the subject, may lead to a more focussed integration of the associative resources which lie in the background of his mind.

I believe, then, that there is evidence that functional intelligence can be enormously enhanced, first by the systematic study and removal of individually and socially shared autisms; second, by the cultivation of curiosity; and third, by the art of withdrawal from the pressures of immediate external tasks, to let the mind work at its own pace and in its own congenial way.

There are probably other important principles which I have overlooked. But the time is favorable for a thorough study, by every means and through every approach, of the processes by which intelligence works, to the end that its potential be no longer stifled and frustrated, but utterly liberated. Perhaps the major contribution which psychology can make to this generation is to show how intelligence may be freed of the incubus which sits upon its chest, and to enable a free intellect to cut through the hideous confusion of today.

LOOKING BACK OVER THE YEAR AT THE SOUTHARD SCHOOL*

By JOHN B. GEISEL, Ph.D.†

Sometimes it is said that a glance in retrospect at certain intervals is beneficial in evaluating experience for its bearing upon present work for future plans. Fortunately, experience is cumulative; and what may appear as an important conclusion today has been preceded by months or years of experience. The same factor would undoubtedly apply to the findings that we might list now in answering the question, "What have we learned at Southard School during the past twelve months?" Recognizing this qualification, let us consider a few major findings that seem to have emerged during the past year.

Operating in Balance. First, we may probably say that we have found it possible to operate Southard School in balance, with a minimum average enrollment of twenty-two children. Closely related, is the emerging conclusion that a larger enrollment of, say, thirty children instead of twenty-two, would be helpful in several ways: (a) helpful in increased service to society, (b) helpful economically through increased income without increased administrative staff and overhead, (c) helpful in providing much better opportunity for wise grouping in education and recreation therapy.

Additional dormitory space has been provided in one of our two large residences: in all, there are fourteen large bedrooms. At the present time only one of these rooms is occupied by two children, but there are at least seven other very large bedrooms which could adequately accomodate two children apiece. Nevertheless, we have been reluctant to pair off children in the same room, except when such arrangement would actually operate to the advantage of both children. Assuming, however, that favorable combinations of children could be made for the extra large bedrooms, a total of twenty-two children could be housed in the two large residences. Children living in boarding homes would, of course, raise the total number of children enrolled to thirty or thirty-five.

Six of our children are at present living in boarding homes. The number of children in boarding homes, however, is a fluctuating number, for the boarding home period is usually transitional for the child, between residence in Southard School and return to the home situation. During the past year, thirteen boarding homes were used and fifteen children in all were treated in these homes. It would be possible to have twelve or fifteen children in boarding homes, so far as boarding home facilities and super-

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† Director of the Southard School, Topeka, Kansas.

visory services are concerned. The ratio of children in boarding homes to children in residence at Southard School has usually held at around one to two, or in other words, one-third of the total enrollment of Southard School children are usually in residence in boarding homes while two-thirds of them are in residence in Southard School dormitories.

In three instances it was possible to make arrangements for parents to take up residence in Topeka for a short time in order that the initial period of the child's return to his family might be supervised.

Need for a Children's Sanitarium. In the second place, we have learned that the Southard School, with its open buildings and lack of a closed ward or isolation room, cannot successfully treat children who are continually destructive and/or at least occasionally dangerous toward other children. Experience has shown that the behavior of this type of child is disturbing to the other children and interferes with our treatment program for them. At the same time, our lack of facilities in handling the excessively disturbed child precludes rendering the right kind of service to him. It has been necessary in several instances this year to discharge a child because his behavior was destructive or dangerous to other children—a child who, nevertheless, seemed to us to have a good prognosis, provided the right kind of control could be part of the treatment.

Our thoughts have run with ever more conviction to the idea advanced by former directors of Southard School, namely, that we should have a children's sanitarium. Such a building should always be available for the placement, temporarily or on a more permanent basis, of disturbed children. During the past twelve months, eighteen children who might have been accepted for a children's sanitarium have been rejected after Out-Patient examinations; and thirteen who have applied for admission to the Southard School have been refused even before examinations were made because their histories and descriptions indicated behavior beyond our control—behavior presenting managerial problems not feasibly met without the facilities of a children's sanitarium.

Grouping. A third finding of the year is the conclusion that small groups of, say, two, three, four, or five children and one adult, may be used as therapeutic devices both in the recreation and education program. Although grouping requires careful selection of children for the group and careful selection of teachers and recreation therapists, experience has taught us that there are a number of gains made by the child from group life that are not available for him in a totally individual program. Among these might be mentioned (a) meeting the disciplines inherent in group living, (b) sharing in work and play, and (c) gaining security from personal investment in the same room (as in school) or in the same places and activities (as in recreation). Furthermore, the child's experiences in the group, written up daily

as they are for the use of the therapy, provide significant material to the psychotherapist in his work with the individual child.

With the recent addition of a highly trained director of recreation therapy we anticipate further exploitation of group work in the recreation program. The director, who has had a wide experience in group work and in teaching, will also contribute materially to the In-service Training Program for recreation therapists.

Adolescents. We have become increasingly reluctant to take adolescents over fifteen years of age because of their need for wide community social activities. It is difficult, if not impossible, to provide adequate and at the same time acceptable supervision in such instances. For the adolescent himself it is disconcerting to have friends in a junior or senior high school group learn, sooner or later, that he resides at a school for maladjusted children. We have learned that foster home placement should be made soon after an adolescent is admitted; or, if this step cannot be recommended as an immediate one, it is better not to take the child. If the School's enrollment were larger, it might be possible to set up a program of social activities for adolescents independent of the community. Even so, this could be only a transitional arrangement, for, as soon as the child acquires friends in public schools, he should be placed in a foster home where he can return social courtesies without embarrassment.

Staff. A fifth, and in a way the most interesting finding (not new to the present year) is the great devotion that a staff member gives to his work with disturbed children. Time after time a new staff member changes in attitude from matter-of-factness to one of pervading devotion. It may be that this change of attitude on the part of the staff member is a concomitant of the nature of the work with disturbed children. Although it has been possible to revise salaries slightly, the income of housemothers, teachers, recreation therapists, and companions is still so small as would seem to work against the unselfish devotion that characterizes their service. In any case, experience shows that the devotion of staff members goes far beyond ordinary expectations and materially enhances the School's effectiveness while also holding turnover of personnel to a minimum.

The average number of children under treatment at Southard School during the past year was twenty-two. The program of treatment required the full-time services of thirty-one and one-half people of various skills and assignments as shown in Table 1. It is interesting to note that there are three categories, namely, teachers, recreation therapists, maids and cooks, that have a noticeably larger number of persons than the other categories. These three categories account for just about two-thirds of the entire staff, 20.3 in all.

TABLE 1

Number of full-time employees September 1, 1944, to June 1, 1945

Teachers	9.7
Recreation Therapists	5.6
Maids, cooks	5.0
Housemothers, night nurses	3.2
Secretaries, stenographers	2.4
Therapists, psychiatrists	2.0
Social Workers	1.5
Administrators	1.5
Maintenance men	0.6
Total	31.5

Consultant in Child Analysis. We have arranged for a consultation relationship with Erik Homburger Erikson, who since his first stay of one week in October has come for a week of consultation every seventh week. Dr. Erikson's time is devoted to consulting with the entire Southard School staff and especially with the psychiatric social workers, psychotherapists, and psychiatrists.

Need for Funds. The past year has also clarified our need for funds, foremost of which is a fund for children whose parents cannot afford to pay the cost of treatment here, of necessity expensive because it is so intensive. Not a week goes by but that two or more likely applicants are discouraged from taking further steps because the financial position behind the children is insufficient. Just as I write, two such applications have been placed before me.

We have also learned that people are interested in donating funds to the Southard School. Some $7,000 have been accepted for various purposes in the past year. One parent who purchased a home in Topeka in order that she might have psychiatric help during the first few months of her daughter's return home from Southard School, donated the property to the school when she returned to her permanent residence in the East. This home is now reserved for similar uses in the future.

Just recently a section of the very spacious veranda of one of the residences has been remodeled into a children's library. At the investment of some money and a great deal of time, this children's library has been outfitted to be one of the most attractive spots in the school. New books, for which $500 has been set aside for the present year, are carefully selected for recreation, education and bibliotherapy. This children's library is already providing excellent experiences for the children.

One remodeling project now under contemplation will provide, in a very adequate building, a series of offices for therapists in order that all psycho-

therapy may be provided on the same grounds. Office facilities, waiting room, and stenographic help will be available for this special part of Southard School treatment.

The year has been fruitful. In the opinion of the school psychiatrist and the director, twenty-six of the thirty-two children treated have definitely improved. This despite the fact that we have continued our work under a number of handicaps. It is not always necessary to have an ideal situation in order to render service. On the other hand, insofar as the service of the School is handicapped by lack of funds, facilities, or methods, we inevitably head toward securing the funds, providing the facilities, and improving the methods.

BOOK NOTICES

A Psychiatric Primer for the Veteran's Family and Friends. By Alexander G. Dumas and Grace Keen. Price $2.00. Pp. 214. Minneapolis, Lund Press, Inc., 1945.

The title describes this book exactly. It was written in collaboration by a psychiatrist, who has had long experience with veterans, and a skilful popular writer. The content is sound and substantial. It is centered about the problems of the uninjured veteran, the physically injured who requires more treatment, the physically injured man who requires only job rehabilitation, and the mentally wounded. Many short case illustrations are used which are sensibly condensed, and make their points well. It is a book which relatives of patients in veterans' hospitals and veterans undergoing treatment by physicians under the new Veterans Administration plan will find exceedingly useful. (K. A. M.)

Principles of Dynamic Psychiatry; Including an Integrative Approach to Abnormal and Clinical Psychology. By Jules H. Masserman. Price $4.00. Pp. 322. Philadelphia, W. B. Saunders Co., 1946.

In the preface to this book the statement is made, "During many years of lectures . . . the author has sought for books which, breaking with tradition, would present the fundamentals of dynamic psychology and clinical psychiatry briefly, clearly and systematically."

Certainly, in the presentation of this volume, the author has broken with tradition in no uncertain manner. After outlining the shortcomings in the behavioristic, psychoanalytic and psychobiologic schools of thought, he proceeds to build up a "general biodynamic theory of behavior," based largely on animal experimentation, and apparently oriented toward bringing biologic and psychologic phenomena into closer relationship. Such a presentation, in all likelihold, will appeal to medical students, in view of the nature of the remainder of the curriculum. (Nathan Roth)

The Psychology of Women: A Psychoanalytic Interpretation. Vol. 1, Girlhood. By Helene Deutsch. Price $4.50. Pp. 399. New York, Grune & Stratton, 1944.

The Psychology of Women: A Psychoanalytic Interpretation. Vol. 2, Motherhood. By Helene Deutsch. Price $5.00. Pp. 506. New York, Grune & Stratton, 1945.

This is a woman's psychology of women. It is intuitive, warm, emotional, somewhat unsystematic, wordy, zestful, and eminently graceful, particularly where it engages in open or latent polemics. It is not objectively scientific in the sense of being free of evaluations. On the contrary, it propounds a definite philosophy in which specific feminine qualities are not only believed to exist but are frankly extolled because they alone, in the author's opinion, allow women a life of satisfaction. We may regard such a philosophy as symptomatic for the cultural trend of our time and Deutsch's book will greatly reinforce this trend.

Some of the concepts of *The Psychology of Women*, particularly those of "feminine masochism," "feminine narcissism" and "motherliness" seem destined to remain basic for our understanding of women. Many persons

will undoubtedly disagree with some details, but this work must be regarded as the first report on psychological territory which up till now has never been mapped. (Paul Bergman)

What's the Score in a Case Like Mine? War Department Pamphlet 21-35. Price 5¢. U. S. Government Printing Office.

There is a valuable message in this little pamphlet for every veteran who has been discharged from military service because of a psychiatric disorder. It contains much information given in a straight-forward and simple manner. There are specific instructions to the veteran as to what steps he ought to take to overcome his difficulty. Above all, it is truthfully encouraging. All those who are concerned with the rehabilitation of veterans should have a liberal supply of these pamphlets for distribution to psychiatric dischargees. (Nathan Roth)

Our Inner Conflicts. By Karen Horney. Price $3.00. Pp. 243. New York, W. W. Norton & Co., Inc., 1945.

The first part of this book, it seems to the reviewer, is superficial and of little practical value; the latter part, particularly the chapters on Externalization, Sadistic Trends, and Resolution of Neurotic Conflicts contains much excellent material. The author's style is distinctly different from that of her previous books; if somewhat duller, it is definitely more gracious. The reviewer does not agree with many of the assumptions but the book is written in a dignified style and in a fair spirit. (K. A. M.)

Essentials of Neuro-Psychiatry; a Textbook of Nervous and Mental Disorders. By David M. Olkon. Price $4.50. Pp. 310. Philadelphia, Lea & Febiger, 1945.

The author of this book approaches the study of mental disease largely from the standpoint of genetic defect and physiologic dysfunction. Nowhere in the book is adequate emphasis placed on the rôle of dynamic psychologic forces in the etiology of emotional disorders, and, in general, the psychologic problems of mental disease are grossly neglected. The descriptions of ordinary psychiatric syndromes are given in obscure and inaccurate fashion, and no student could gain from this exposition a clear understanding of such syndromes. In general, the book cannot be recommended for student or practitioner. (Nathan Roth)

Stone Walls and Men, a Modern Criminology. By Robert M. Lindner. Price $4.00. Pp. 487. New York, Odyssey Press, 1946.

The author undertakes the ambitious task in this book of an analysis of crime which includes the correlation of psychoanalytic, cultural, economic and political forces. He defines crime in terms of the relationship of the criminal act to the personality of the offender and maintains that only when the criminal act represents a specific acting out of a repressed conflict, is it a crime. He refers to other situations as law breaking which may result from accident, ignorance, illness, or a sincere devotion to principles which conflict with the prevailing ideology. He feels that there is a continuum in criminal acts; at one end of the line is simple law breaking, progressing as the personal needs become more and more involved, toward

real criminal acts and ending in psychotic behavior. He conceives of the criminal act as a situation in which the ego compromises with unconscious forces and that the act itself serves to relieve tension and thus maintains the integration of the individual.

In the course of the book, the author reviews such subjects as libido development, fixation, regression and other mechanisms lying behind neurotic conflict, cultural, economic and other social forces which serve to precipitate criminal behavior in a person so pre-disposed. He calls attention to the difficulties and errors in the various studies which have been made of crime, and is very critical of the present system of imprisonment and punishment. He makes a striking suggestion with regard to the release of prisoners, calling attention to the traumatic effect of sudden release from a protected environment and recommends a gradual, clinically planned rehabilitation. (William L. Pious)

The Basis of Clinical Neurology. 2nd Edition. By Samuel Brock. Price $5.50. Pp. 405. Baltimore, Williams & Wilkins Co., 1945.

The new edition of this well established, authoritative textbook has been revised in several details so as to include the more recent knowledge of neurophysiology. Three new sections have been added: the first is on electrodiagnostic methods for determining neuromuscular status, and the second on physiology of urination and cystometry. This latter subject, which has been inadequately presented in previous texts, receives a clear summary here. The third section is on electroencephalography and is necessarily limited by the scope of the book.

If used as a preliminary to the study of clinical neurology, this book will make the subject a great deal more simple and rational, while for the neurologist it is an admirable review of basic information. (Maimon Leavitt)

The Psychoanalytic Study of the Child. Volume 1. Edited by Otto Fenichel, et al. Price $6.00. Pp. 423. New York, International Universities Press, 1945.

This is the first periodic publication in English dealing with psychoanalysis as applied to childhood. The annual is partly written by authors who live in the United States, partly by authors living in England, though in many cases these are not their original countries. The reader gets an interesting impression of cultural impact upon minds coming from the same spiritual tradition. The English authors (whether Viennese till 1938 or not) are in the main continuing the line of their pre-war thinking. Their discussion, their polemics are essentially intra-analytic. Methods for the study of the child other than analysis, are given only slight attention. Conceivably this "isolationism" is functionally related to the still modest position that analysis occupies as an opposing minority in the scientific field in Europe. At any rate, in the United States where analysis has won more widespread recognition, the spiritual climate has changed significantly. There is a vigorous effort going on to reach common ground and understanding with other schools of psychology, and other branches of science such as sociology and anthropology.

This volume contains at least a dozen very remarkable papers on problems of genetics, child analysis and child development, guidance work, education, and group life. (Paul Bergman.)

Trauma of the Central Nervous System. Proceedings of Association for Research in Nervous and Mental Disease. Price $8.00. Pp. 679. Baltimore, Williams & Wilkins Co., 1945.

This book represents the best thinking and experimenting on the subject of central nervous system trauma. Since an understanding of neurophysiologic and neurohistologic changes is essential for a complete clinical understanding of central nervous system injury, the emphasis these aspects of the subject receive in this book is distinctly in order. A re-arrangement of chapters so that various aspects of one subject are discussed in sequence would make it easier for the reader to follow. Attention is specifically called to the discussions following each chapter, which often contain as much "meat" as the chapter itself, as well as pointing out controversial points.

Although difficult to read straight through, this is a valuable and fascinating reference book which should be included in the libraries of all who have any dealings with or interest in central nervous system trauma. (Ruth I. Barnard.)

The Yearbook of Psychoanalysis. Volume 1. EDITED BY SANDOR LORAND. Price $10.00. Pp. 370. New York, International Universities Press, 1945.

This is a new publication of psychoanalytic works intended to be of interest to a larger public. In the future the Yearbook will cover only current contributions to the scientific progress of psychoanalysis. This volume contains about thirty reprinted papers on a wide variety of subjects that were originally published between 1942 and 1945. The papers in their unevenness of approach and method, some representing "classic" and some "modern" psychoanalysis, are for the most part excellent reading. In their totality they give a valid bird's-eye-view of psychoanalysis in its uneven status today. An introduction to the volume by Brill is the only reminder of the fighting spirit that characterized the psychoanalytic movement in the past. (Paul Bergman.)